

## REQUEST FOR PERSONNEL ACTION

### PART A

1. Requesting Office:		1a. Court Code:	
2. Type of Action Requested and <a href="#">NOA Code</a> :		3. NTE (if applicable)	
2a. Effective Date:		4. Tour of Duty:	
5. Employee Name: (Last, First, Middle Initial)		6a. HRMIS Employee ID:	
		6b. Social Security Number:	
FROM		TO	
7. Position Title:		8. Position Title:	
<a href="#">Occupational Series:</a> *		<a href="#">Occupational Series:</a> *	
Job Category:*		Job Category:*	
Grade/Step:		Grade/Step:	
Position Number:		Position Number:	
Special Pay Rate: Y: <input type="checkbox"/> N: <input type="checkbox"/> Sch:		Special Pay Rate: Y: <input type="checkbox"/> N: <input type="checkbox"/> Sch:	
9. Name and Mailing Address of Current Org. (Duty Station)		10. Name and Mailing Address of New Org. (Duty Station)	
11. Remarks:			

\* Occupational series and job categories are required for all CPS positions, except Law Enforcement Officer (LEO) positions.  
See attached check lists for appointments/separations.

12. For Additional Information Call:

Name: Telephone Number:

13. Appointing Officer Name: Title:

Signature: Date:

This request is submitted with the approval of the court (if required)

### PART B — AO USE ONLY

1. Requesting Office:

Action: Grade Step: Occ Series/Job

Position Number: Effective Date:

Staffed By: Date Staffed:

**PART C:****APPOINTMENT CHECK LIST**

Employee Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

If transferring without a break in service of more than three (3) calendar days from another federal (*or District of Columbia*) government agency, give:

Name of Agency: \_\_\_\_\_ Date of Separation: \_\_\_\_\_

Address of Agency: \_\_\_\_\_

Telephone Number of Civilian Personnel Office : (*if known*) \_\_\_\_\_

NOTE: Must complete Form AO 425, Pre-Employment Information

Note: *For some appointments, such as temporary ones, not all forms will be required; for others, additional forms are required. Please check the [Human Resources Manual](#), Sections 4 and 5, if in doubt as to which forms are necessary.*

- |  |   |
|--|---|
| <input type="checkbox"/> <a href="#">AO 75</a> , Law Clerk Appointment Checklist & Leave Act Certification (if applicable) <b>OR</b>                                       | <input type="checkbox"/> <a href="#">SF 1152</a> , Designation of Beneficiary Unpaid Compensation of Deceased Civilian Employee Program                       |
| <input type="checkbox"/> <a href="#">AO 75A</a> , Staff Attorney Appointment Checklist   | <input type="checkbox"/> <a href="#">SF 2808</a> , Designation of Beneficiary, CSRS   |
| <input type="checkbox"/> <a href="#">AO 78</a> , Application for Judicial Branch Federal Employment  | <input type="checkbox"/> <a href="#">SF 2809</a> , Health Benefits Registration form (if applicable)  |
| <input type="checkbox"/> <a href="#">AO 78A</a> , United States Courts Appointment   | <input type="checkbox"/> <a href="#">SF 2817</a> , Life Insurance Election, Federal Employees' Group Life Insurance (FEGLI) Program (if applicable)           |
| <input type="checkbox"/> <a href="#">AO 80</a> , Clerks' and Deputy Clerks' Oath (if applicable)   | <input type="checkbox"/> <a href="#">SF 2823</a> , Designation of Beneficiary, Federal Employees' Group Life Insurance (FEGLI) Program                        |
| <input type="checkbox"/> <a href="#">AO 425</a> , Pre-Employment Information   | <input type="checkbox"/> <a href="#">SF 3102</a> , Designation of Beneficiary, FERS   |
| <input type="checkbox"/> DD 214, Notice of Separation from Military Service, member 4 copy (if applicable)   | <input type="checkbox"/> State and/or City Tax Withholding Forms (if applicable)  |
| <input type="checkbox"/> <a href="#">SF 1199A</a> , Direct Deposit Sign-up Form <b>OR</b>  | <input type="checkbox"/> <a href="#">TSP-1</a> , Thrift Savings Plan Election Form  |
| <input type="checkbox"/> <a href="#">FMS 2231</a> , Direct Deposit Sign-up Form  |   |
| <input type="checkbox"/> <a href="#">I-9</a> , Employment Eligibility Verification (must complete within 3 days of Entry On Duty (EOD) date)                               | <input type="checkbox"/> <a href="#">TSP-1-C</a> , Thrift Savings Plan Catch-up Contribution Election   |
| <input type="checkbox"/> <a href="#">AO 194</a> or <a href="#">AO 195</a> Position Description (if applicable) including signed Position Classification Certification Form | <input type="checkbox"/> <a href="#">TSP-3</a> , Thrift Savings Plan Designation of Beneficiary (Do not mail to AO, mail directly to National Finance Center) |
| <input type="checkbox"/> <a href="#">SB-2362</a> , Authorization for Purchase (Savings Bond)   | <input type="checkbox"/> <a href="#">W 4</a> , Employee's Withholding Allowance Certificate (Federal Tax Withholding)   |

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Human Resources Representative)

**PART D: SEPARATION CHECK LIST** *(Check if applicable)*

Employee Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

1. Forwarding Address: \_\_\_\_\_ Tel. No. ( ) \_\_\_\_\_

2. ☐ Employee's statement of resignation attached.3. ☐ If no statement of resignation is attached, state reason(s) for separation and have employee sign below in Box 12. Note: Reasons listed are used in determining severance pay entitlement and possible unemployment benefits. Please be specific.4. ☐ Employee is transferring without a break in service to : *(Federal Agency name, address & phone)*5. ☐ If applicable, attach statement from Appointing Officer concerning nature of separation.6. ☐ Employee received/mailed Notice of Change in Health Benefits Enrollment Form ([SF 2810](#)) on \_\_\_\_\_  
(date)7. ☐ Employee received/mailed a [Federal Employees Temporary Continuation of Coverage Health Benefits package](#) on \_\_\_\_\_  
(date)8. ☐ Employee received/mailed an Unemployment Compensation Form ([SF-8](#)) on \_\_\_\_\_  
(date)9. ☐ Employee received/mailed a [Thrift Savings Plan Withdrawal Folder](#) on \_\_\_\_\_  
(date)10. ☐ Employee received/mailed an Application for Refund of Retirement Deductions  
[SF 2802](#) or [SF 3106](#) \_\_\_\_\_  
(date)11. ☐ Employee has been informed that [final salary and payment](#) for lump sum annual leave will be made via direct deposit to account of record. Employee counseled regarding importance of keeping accounts open as long as he or she expects to receive payments.

12. Human resources representative's signature: \_\_\_\_\_ Date: \_\_\_\_\_

13. Employee's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART E: SEPARATION CHECK LIST CONCERNING FINANCIAL OBLIGATIONS**1. ☐ Employee is covered by the Leave Act ☐ [SF 1150](#), Record of Leave Data attached (if covered)  
☐ Copy of original AO 75/75A attached (for law clerk/staff attorney)2. ☐ Employee has negative leave balances of \_\_\_\_\_ hours annual leave/ \_\_\_\_\_ hours sick leave.3. ☐ Employee has outstanding travel/salary advance(s) of \_\_\_\_\_4. ☐ Employee is leaving the federal government and has not completed his/her one year relocation agreement.

Human Resources Representative's signature: \_\_\_\_\_ Date: \_\_\_\_\_

5. ☐ "I hereby authorize the Administrative Office of the United States Court to collect from my retirement fund any indebtedness owed to the federal government."6. ☐ "I hereby surrender to the human resources representative my federal I.D. card, government credit cards and all keys issued to me or in my custody."

Employee's signature: \_\_\_\_\_ Date: \_\_\_\_\_